

Worksite Wellness in South Carolina

ARNOLD SCHOOL OF PUBLIC HEALTH

PREVENTION RESEARCH CENTER

UNIVERSITY OF SOUTH CAROLINA

Table of Contents

Introduction	1
Cost - Benefits of Worksite Wellness or Worksite Health Promotion	2
Improved Productivity and Lower Cost	3
Tips for Implementing a Worksite Wellness Program	3
Methodology	4
Survey Development	4
Sample Design	4
Data Collection	4
Management and Quality Assurance	5
Response Rate	5
Analysis	6
Results	7
Company Characteristics	7
General/Organizational	9
Healthy Eating	9
Physical Activity	11
Tobacco Use Practices	13
Preventive Health Screenings	15
Stress Management	16
Cardiac Emergency Preparedness	16
Barriers to Implementing a Worksite Wellness or Health-related Program	17
Conclusion	19
Limitations	20
References	21
Appendices	
A - Worksite Wellness Survey	22
B - South Carolina Department of Health and Environmental Control Health Services Regional Map	25

Introduction

Considering that many of the leading causes of disability and premature death are linked to personal behavior, health promotion and disease prevention have gained importance in efforts to improve and extend lives and increase productivity. The interest in disease prevention and early detection has also been spurred by the rapid escalation of healthcare costs. With working Americans spending the majority of their waking hours on the job, employers have an important role in maintaining and improving the health of these adults while actively reducing health-related costs.

Health promotion is any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to the health of individuals, groups, and communities. Worksite health promotion focuses on the combination of educational, organizational, and environmental activities designed to improve the health and safety of employees and their families. According to the *National Survey of Worksite Health Promotion Activities*, there has been a dramatic increase in the number of programs throughout the nation, rising from 66% in 1985 of companies with 50 or more employees to 81% in 1999. This increase is due to employers recognizing that changing the lifestyles of the working American will have significant positive impact on illness and its costs.

Throughout the nation, coronary heart disease is America's No. 1 killer with stroke following closely behind as No. 3. For South Carolina (SC) the rates for heart disease and stroke are just as alarming, accounting for over forty percent of all deaths in the state. SC currently ranks 3rd in the nation in the rate of overall cardiovascular disease, 7th in ischemic heart disease, and has led the nation in deaths due to stroke for the past five decades. In fact, during 2000, more South Carolinians died from cardiovascular disease than those that died from all cancers, pneumonia, influenza, and car accidents combined.

As most of the causes are avoidable, CVD need not have such a devastating effect on SC. Smoking, obesity, physical inactivity, high blood pressure, diabetes, and high cholesterol are the main modifiable risk factors for CVD:

- **Smoking**
 - ✓ Cigarette smokers have a 70% greater chance of dying of heart disease than nonsmokers.
 - ✓ One out of every four adults in SC smokes.
 - ✓ Smoking contributes to 25% of heart disease deaths each year.
- **Overweight and Obesity**
 - ✓ More than half of South Carolina adults are overweight or obese.
 - ✓ Being overweight contributes to 32% of heart disease deaths each year.



- **Physical Inactivity**
 - ✓ Less active, less physically fit persons have a 30%-50% greater risk of developing high blood pressure.
 - ✓ Physical inactivity contributes to 27% of deaths from heart disease annually.
 - ✓ Approximately 58% of adults in SC are irregularly active or inactive.
 - ✓ Physical inactivity is more common among women than men.
- **High Blood Pressure (Hypertension)**
 - ✓ High blood pressure contributes to 30% of heart disease deaths each year.
 - ✓ One out of every four adults in SC has high blood pressure.
- **Diabetes**
 - ✓ Two-thirds of people with diabetes die of heart disease or stroke.

WORKSITE WELLNESS IN SOUTH CAROLINA



- ✓ Diabetes contributes to 13% of heart disease each year.
- ✓ One out of every 14 SC adults has diabetes.
- High Cholesterol
 - ✓ Lowering high blood cholesterol results in a two-fold reduction of heart disease risk.
 - ✓ High cholesterol contributes to over 4,000 deaths from heart disease in SC each year.
 - ✓ High cholesterol affects 22% of SC adults.

The economic costs are equally as staggering. The American Heart Association estimated that in 2000, the cost of cardiovascular disease in SC was \$2.1 billion in direct and indirect costs, including hospitalization, disability, death benefits, retraining or replacements, family economic disruption, and costs to industry in lost work time and increased insurance benefits.

Cost - Benefits of Worksite Wellness or Worksite Health Promotion

Medical costs have increased at a staggering rate over the last several years. According to the Institute of Management and Administration employers are experiencing (on average) a 14% to 15% increases in health care costs. Thus, employers are looking for cost saving methods such as sharing premium costs with employees and providing programs to help employees maintain or improve their health. Worker contributions to insurance premiums have risen by



50% since 2000 (Gable, 2003). Additionally, a recent study found that from 2002 to 2003, job based health insurance premiums increased at six times the rate of inflation (Gable, et al, 2003). Worksite health promotion programs are designed to keep employees healthy or to improve employee health, thereby saving money for both the employer and the employee.

Analyses of multiple studies dealing with worksite health promotion have shown varying levels of cost-effectiveness and positive health outcomes (Pelletier, 1999). Individual companies also have reported savings from their wellness programs. Bank of America reported that an initial investment of \$30 per person for retirees resulted in reduced insurance claims of an average of \$164 per year (Fries, J, 1993, Joint Ventures). Pacific Bell's FitWorks reported reductions of \$300 less in claims per participant for a one-year savings of \$700,000. Fit Works also reported savings of \$722 per participant through programs addressing sedentary lifestyle related conditions. The FitWorks program also had a significant impact on absenteeism, with decreasing days absent by 0.8%, saving \$2 million in one year. They also found that FitWorks members spent 3.3 days less on short-term disability, saving an additional \$4.7 million (Blair, 1996). In a study on their employee physical activity program, Coca Cola found that employees who joined their Health Works fitness program produced a savings of \$500 per employee per year (Wellness Council of America, 1995). Lastly, a study in the Journal of the American Medical Association (JAMA) by Foote and Erfurt reports that a worksite-based blood pressure screening program produced a savings of around two dollars for every dollar invested in the program (Foote and Erfurt, 1991).

Improved Productivity and Lower Cost



In the report Healthy Workforce 2010, The Partnership for Prevention (Fall 2001) cites improved productivity and lower healthcare costs as the most compelling reasons that employers invest in health promotion. They recommend that worksite health promotion can improve a firm's productivity in the following ways:

- Attract superlative workers in a competitive global marketplace
- Reduce absenteeism/lost time
- Improve on-the-job decision-making and time utilization
- Improve employee morale and foster stronger organizational commitments
- Reduce organizational conflict by building a reservoir of good-will toward management
- Reduce employee turnover.

Medically high-risk employees tend to be medically high-cost employees. The number of risk factors (smoking, physically inactivity, etc.) an employee has is directly proportional to increases in costs.

These stories of how companies have reduced cost through worksite wellness programs suggests that well-planned, comprehensive worksite wellness programs can substantially benefit employers in reducing absenteeism, controlling healthcare costs, and improving productivity.



Tips for Implementing a Worksite Wellness Program

Beginning a worksite wellness program can be a daunting task. The Wellness Councils of America (www.welcoa.org) recommends following these seven suggestions when planning programs:

Capture Senior Level Support

Senior level management controls the finances and makes policy decision, therefore it is imperative to have their support for sustainable programs.

Create Cohesive Wellness Teams

Wellness teams should involve members from all of the main divisions, encouraging organizational buy-in while showing commitment.

Collect Data to Drive Health Efforts

Data help to illustrate program effectiveness and informs changes and continuity.

Craft Operating Plan

As with any successful venture, wellness programs need to be carefully thought out and have a plan.

Choose Appropriate Interventions

This may include seeing what works, what doesn't, and what is wanted or needed by the employees.

WORKSITE WELLNESS IN SOUTH CAROLINA

Create Supportive Environments

By accomplishing the previous steps, organizations go a long way to creating supportive environments.

Consistently Evaluate Outcomes

Continue to collect data necessary to determine the effectiveness and appropriateness of the program.

Methodology

The South Carolina Department of Health and Environmental Control (SC DHEC) Division of Cardiovascular Health contracted with the Prevention Research Center (PRC) in the Arnold School of Public Health at the University of South Carolina to conduct a statewide survey of worksites to assess worksite wellness activities in South Carolina. Results from this survey will help in planning and focusing worksite wellness activities by the Division of Cardiovascular Health. It also will serve as a baseline evaluation measure that can be repeated to assess change in worksite activities across the state.

Survey Development

The SC Worksite Wellness Health Promotion Survey was developed in collaboration with the SC DHEC Division of Cardiovascular Health. The survey was modeled after the North Carolina Worksite Health Promotion Survey conducted by the North Carolina Division of Public Health and the Worksite Wellness Questionnaire used by the State of New York Department of Health. Many of the questions were borrowed with permission from these two surveys and/or adapted from these surveys. The style and layout of the survey mirrored the New York Department of Health Worksite Wellness Questionnaire. See Appendix A to review the survey.

The SC DHEC Division of Cardiovascular Health solicited reviews of the survey from several local and national groups. The survey was reviewed by staff within the SC DHEC as well as by evaluation team members from the

National Center for Chronic Disease Prevention and Health Promotion Cardiovascular Health Program at the Centers for Disease Control and Prevention.

Sample Design

To model as closely as possible the 1999 National Worksite Health Promotion Survey (NWHPS), the PRC sampled businesses with 50 or more employees working at a particular location (Healthy People 2010). A listing of companies with 50 or more employees was obtained from AccuData. The Accudata dataset included the company name, mailing address, contact person, a code for company size and a standard industry code for company type. Company size codes were based on the number of employees; for example, the smallest companies had between 50-99 employees, followed by 100-249 employees, 250-499 employees, 500-999 employees, and 1000 or more employees was the category for the largest companies.

The state was divided into four regions by the South Carolina Department of Health and Environmental Control (see South Carolina Regional Map in Appendix B). Random samples were drawn for each of the four regions of the state. A random sample of 50% of the business in each region (522-550 businesses) was drawn for a total of 2168 business. In order to have an 80% chance of detecting a difference within each region, a 45% to 50% response rate is needed for each region. However, a much lower response rate is acceptable for detecting change in a statewide sample comprised by combining the regions.

Data Collection

A letter from the Dean of the Arnold School of Public Health at the University of South Carolina, a copy of the survey, and a postage-paid envelope for returning the survey were mailed to each of the randomly selected businesses. The letter explained the purpose of the survey, asked the respondent to complete the survey, assured confidentiality, gave an estimate of the amount of

time it would take to complete the survey, and gave some brief information on cardiovascular health. Each letter was personalized to the contact person listed in the AccuData dataset. Usually, this was the president, owner, or CEO of the company.

If a response was not received within three weeks, a second packet was sent to the business. If a response was not received within four weeks of the second mailing a third copy was mailed to the businesses. The University of South Carolina Institutional Review Board approved this research as exempt status.

Management and Quality Assurance

Company contact information, obtained from AccuData, was maintained in a Microsoft Excel database. This database contained the identification number, company name, contact person, address, county code, a code for the region of the state, SIC code (Standard Industry Code identifying the type of business), company size and response tracking information. Survey responses were housed in a Microsoft Access database, which contained the identification number, survey responses, region identification, size of the business, and the SIC code for the business. The response database did not include the name of the business or the contact person. Both databases were housed in a secure location accessible only to specified Prevention Research Center (PRC) staff. The actual returned surveys were stored in a locked file in the PRC.

Returned surveys were scanned using Teleform, a software package designed for scanning paper and pencil surveys. Data were exported from Teleform into the Microsoft Access database described above. Quality assurance checks were completed on 25% of the sample. Overall, 20 (2.6%) of the surveys had scanning errors. All errors were the result of the scanner misinterpreting a written number (for example, interpreting a “6” as an “8”). This error rate is only for quantitative data; it does not include any errors found in the qualitative data gathered from “write-in boxes” on the survey.

Response Rates

The overall statewide response rate after three mailings of the survey was 35%. Response rates by regions within the state (See Appendix B) varied from 30% to 40% (see Table 1). Region 1 includes the following health districts: Appalachian 1, Appalachian 2, Appalachian 3, and Upper Savannah, Region 2 includes Palmetto

Table 1: Response Rate by Region

Region	Number Mailed	Response Rate
1	522	34% (n=178)
2	549	40% (n=220)
3	548	36% (n=195)
4	548	30% (n=165)

and Edisto Savannah health districts. Region 3 includes Catawba, Wateree and Pee Dee health districts. Region 4 includes Waccamaw, Trident, and Low Country health districts. Although we did not receive a 45% to 50% response rate within each reach, combining the regions provides an ample statewide sample. The response rate by business type (based on SIC codes), however, varied from 17% to 61% (see Table 2). The lowest response rate was from trade organizations (wholesale and retail) such as grocery

Table 2: Response Rate by Business Type

Business Type	Number Mailed	Response Rate
Educational Services	319	61% (n=194)
Public Administration	119	54% (n=64)
Health & Social Services	191	46% (n=88)
Manufacturing	395	37% (n=146)
Transportation/ Communications, Electric Gas, & Sanitary Services	141	30% (n=42)
Services (recreational, financial, business services, etc.)	368	29% (n=107)
Agriculture, Forestry, Fishing/Mining/ Construction	147	24% (n=35)
Trade (wholesale & retail)	487	17% (n=82)

WORKSITE WELLNESS IN SOUTH CAROLINA

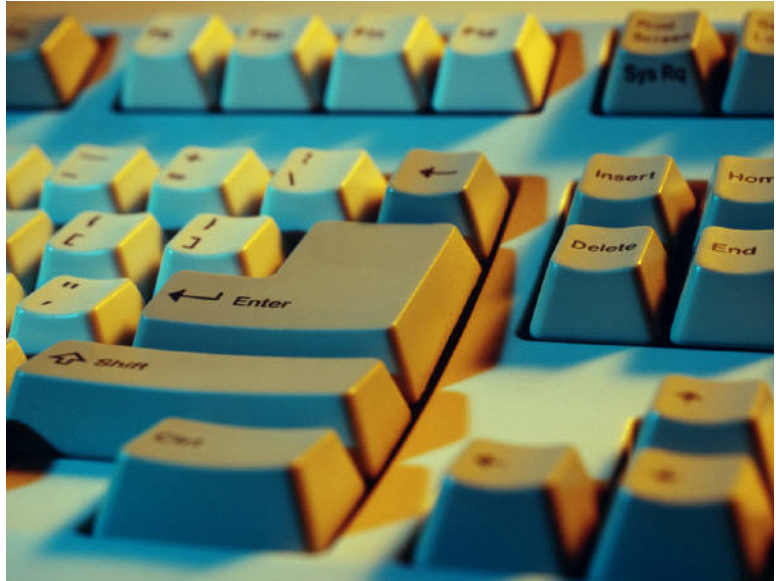
stores, department stores, automotive dealers, and home improvement stores. Highest response rates were among Educational Services (61%) and Public Administration (54%). The two categories of businesses most represented among respondents are Manufacturing and Educational Services.

Analysis

The analysis for this report was completed using SPSS. The analysis was predominately a descriptive analysis examining the frequency of responses to each survey question. Survey questions were examined by:

- The presence of a Wellness Committee
- The presence of a Wellness Coordinator
- Business size (number of employees as identified from AccuData)
- Region of the state
- Business category (based on SIC code).

Based on the descriptive analysis, further Chi-Square analysis was completed to examine the



effect of business having a Wellness Committee or businesses having a Wellness Coordinator for many of the questions in the survey. These analysis examined significance of the variance in responses between the businesses with wellness committees compared with responses from the sample as a whole and variance in responses between businesses with a Wellness Coordinator and the sample as a whole.

ARNOLD SCHOOL OF PUBLIC HEALTH

PREVENTION RESEARCH CENTER

UNIVERSITY OF SOUTH CAROLINA

Results

Company Characteristics

Forty-two percent of the companies responding to the Worksite Wellness survey reported that three quarters or more of their employees are women. Sixty-three percent of the companies responding to the survey reported that more than half of their employees are women. Only four companies reported that 100% of their employees were women and three of these four companies were in the smallest company size range (50-99 employees).

With regard to race, 26% of companies reported that more than half of their employees are African American, while 73% responded that more than half are Caucasian. Only 8% of the companies responded that three quarters or more of their employees are African American. Thirty-one percent of large companies (500 or more employees) reported 50% or more of their employees are African American, while only 24% of smaller companies (50 to 99 employees) reported the same.

Eighty-four percent of the companies reported that more than three quarters of their employees are full-time. Even among the smaller companies (50-99 employees) 80% of the companies reported that more than three quarters or more of their employees are full time. Eighty-nine percent reported that three quarters or more of their employees are eligible for employer-sponsored benefits. This number did not decrease substantially with company size; for example, eighty-six percent of smaller companies (50-99 employees) reported that three quarters of their employees were eligible for employer-sponsored benefits.

General /Organizational

The worksite wellness survey asked five general questions regarding organizational support of worksite wellness or health related strategies. This section of the survey included questions regarding presence of a worksite wellness/health promotion committee and the designation of a person to provide, supervise or coordinate worksite wellness/health promotion

activities. It also included questions regarding organizational actions to support health promotion and provide health messages to employees. Lastly, it also included a question about health insurance coverage.



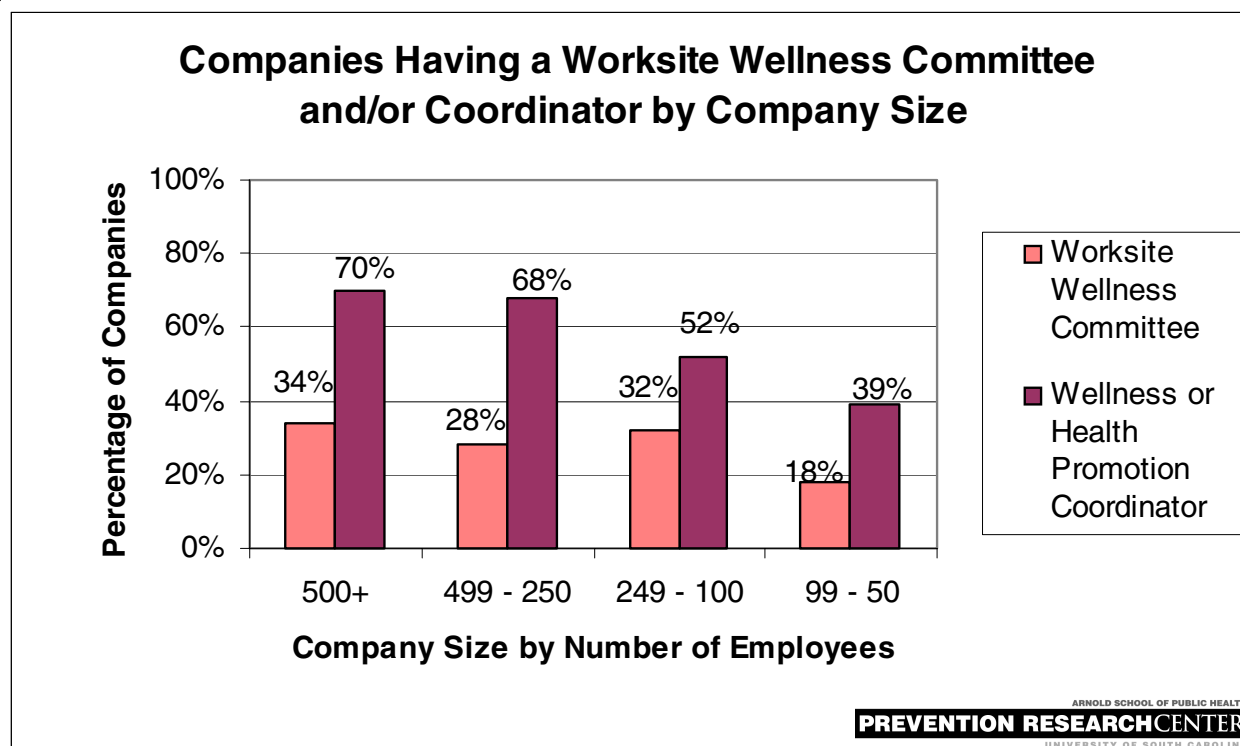
Overall, only 48% of the companies that responded to the survey reported having a person responsible for providing, supervising or coordinating health promotion or wellness programs. Additionally, only 25% of the responding companies reported having a worksite wellness/health promotion committee. Thus, more companies reported having a person responsible for health promotion than having a wellness committee. This is true regardless of the company size, type or location (region of the state).

Larger companies more frequently reported having a wellness or health promotion coordinator than smaller companies. However, company size did not seem to be a major factor in having a wellness committee.

Additionally, companies classified (according to Standard Industry Codes) as providing educational services, health and social services, or public administration most frequently reported having a worksite wellness committee and/or a person responsible for worksite wellness/health promotion activities. Companies classified as agriculture/mining/construction or trade (wholesale or retail) reported having a worksite wellness committee and/or a person responsible for worksite wellness/health promotion activities least frequently.

The survey asked about specific activities to support health promotion for employees during the past twelve months, including: sending an

WORKSITE WELLNESS IN SOUTH CAROLINA



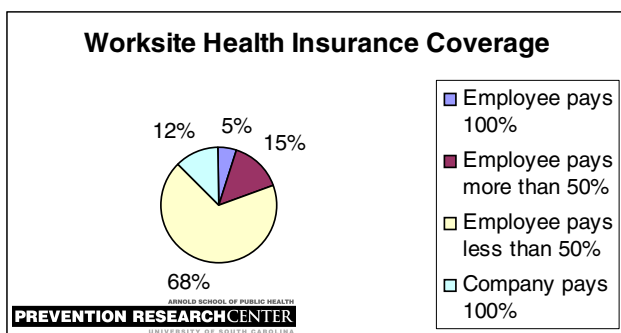
annual message supporting health from the CEO/Director, organizational objectives for employee wellness or health, and a reference to employee health in the company mission statement. These activities were more frequently reported among companies that reported having a wellness/health promotion committee or person responsible for wellness/health promotion. For example, 41% of companies with a wellness committee reported that the CEO/Director sends an annual message supporting health as compared to only 13% of companies without a wellness committee. Additionally 50% of companies with a wellness committee reported having organizational objectives for employee wellness or health compared to only 11% of companies without a wellness committee. As company size decreased the companies more frequently reported performing none of the activities in the last 12 months. Additionally, companies classified as manufacturing, health and social services, and educational services most frequently reported performing each of these activities, while agriculture/mining/construction companies least frequently reported performing these activities.

Overall, 67% of companies that responded to the survey offered health messages to their employees through pamphlets, brochures, posters, lectures, or videos during the last 12 months. The frequency was significantly greater for companies with a wellness committee (93%) or a person responsible for wellness/health promotion (91%). As company size decreased so did the percentage of companies offering health messages to the employees. Additionally, companies classified as public administration, transportation/communication/utility services, educational services, or health and social services reported offering health messages to their employees more frequently than the other company types, while general services companies (finance, recreation, personal, etc) reported offering health messages to employees the least frequently of all the company types.

Overall the most frequent health messages were regarding physical fitness and/or exercise, nutrition and/or weight management, and stress management. The least frequent messages were those regarding signs and systems of a heart attack or stroke. This trend remained the same regardless of company size, type or location.

WORKSITE WELLNESS IN SOUTH CAROLINA

Overall, 98% of the companies offer health insurance to their employees. In the most frequently reported level of coverage, the employee paid less than 50% of premiums. In the less frequently reported level of coverage, the employee paid 100% of coverage, followed by the companies paying 100% of coverage, and employees paying more than 50% of coverage. Seven percent of respondents were not sure which method best described their worksites' health coverage. While the actual percentages varied slightly, most companies reported that employees paid less than 50% of premiums remained the same regardless of company size, type or location.



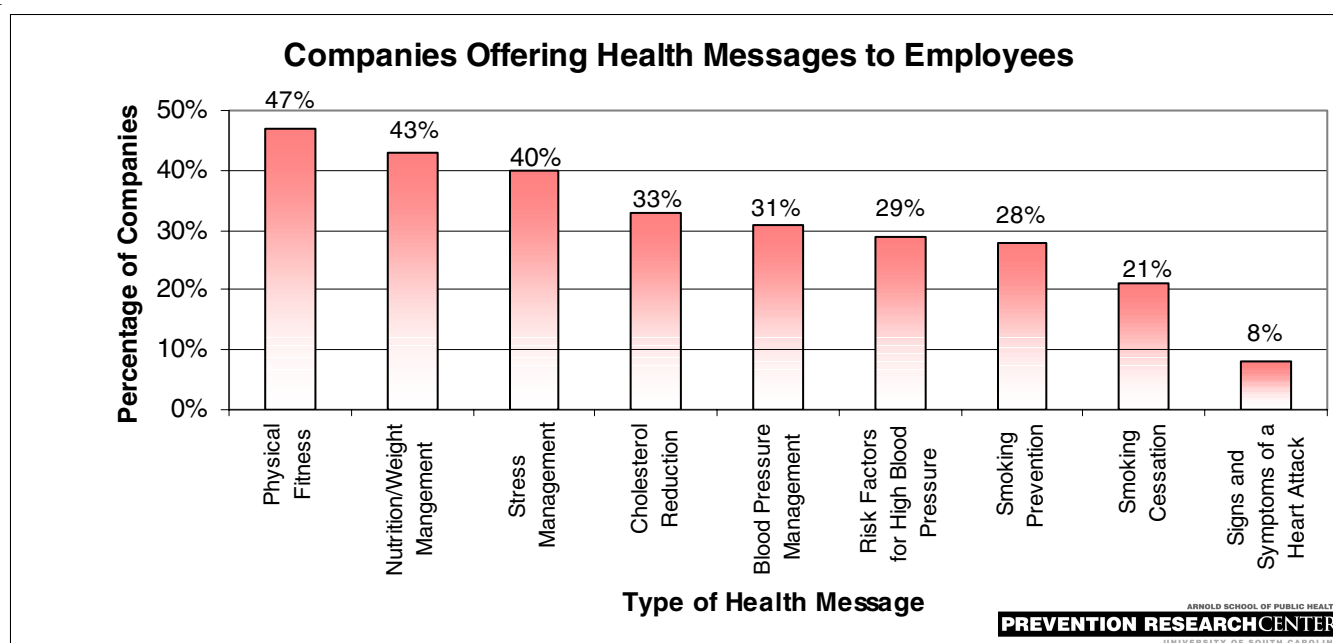
Healthy Eating

Healthy eating questions on the survey asked about the availability of food, types of healthy foods available, policies related to healthy food options, and information and education services related to healthy food choices and healthy eating in the workplace.



Overall, 90% of the companies had food available to employees during working hours. This did not notably vary by company size or location. However, it did vary by company type. For example, only 61% of agriculture/mining/construction companies and 76% of transportation/communication/utilities companies reported having food available to employees during the working hours. Almost all educational services companies (98%) and health and social service companies (93%) reported having food available to their employees during work hours.

Vending machines (77%) were the most commonly reported food services delivery method, followed by cafeteria (39%), coffee shop/snack bar (8%), and other (8%). While the exact percentages varied slightly, the trend



WORKSITE WELLNESS IN SOUTH CAROLINA

remained consistent regardless of company size or location. Educational services (90%) had higher frequencies of food available through a cafeteria than any other type of company. Trade (wholesale and retail) companies reported a higher frequency of food being available through “other” (22%) methods (such as restaurants, food service vendors, or kitchens) than any other type of company.

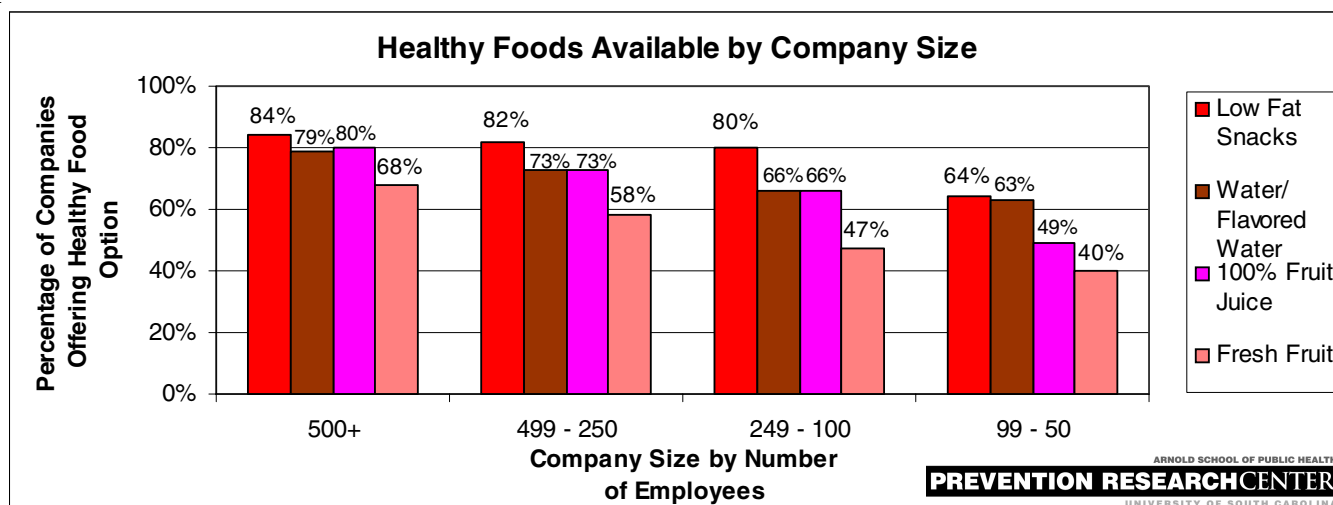
The survey asked about the availability of skim milk, 1% milk, water, 100% fruit juice, fresh fruit, and /or low fat snacks. Most companies reported having low fat snacks (72%), water (70%), and 100% fruit juice (59%) available at the worksite. Forty-six percent of companies reported having fresh fruit available at their worksite, while 38% reported having skim milk and/or 1% milk. Fresh fruit was consistently the least frequently reported option, while low fat snacks was consistently the most frequently reported option. Additionally, the availability of water, 100% fruit juice, fresh fruit, and low fat snacks decreased with company size.

Only 12% of the companies reported providing labels to identify healthy food choices available at their worksite. The frequency slightly increased (17%) for companies having a wellness committee and/or person responsible for wellness/health promotion. Twenty-five percent of companies with 250 or more employees reported having labels to identify healthy food choices available at work, while only 10% of companies with 249-50 employees reported having these labels. Having labels to identify healthy food

options also varied slightly by company type. For example, 24% of trade (wholesale and retail) companies reporting having these labels available on food at the worksite, however less than 10% of agriculture/mining/construction (4%), transportation / communication / utilities (3%), and public administration (7%) companies reported having these labels available at their worksite. There was a slight variation by company location (region), with 10% of companies in region 4, 11% of companies in region 2, 12% of companies in region 3 and 16% of companies in region 1 reporting having labels to identify healthy food options.

Only 16% of the companies reported having policies to make healthy food options available to their employees. The frequency significantly increased if they had a person responsible for wellness/health promotion (24%) or if the company had a wellness committee (31%). Company size and location were not associated with companies having such a policy. However, there was some variation by company type. Educational service (34%) companies had the highest frequency of companies reporting having healthy food option policies. The majority (95%) of the companies responding to the survey reported having a place for employees to refrigerate food. This did not considerably vary according to company size, company type or location.

One quarter (25%) of the companies responding to the survey reported offering classes, workshops, or lectures for their employees on nutrition or weight loss. The frequency increased



WORKSITE WELLNESS IN SOUTH CAROLINA

significantly among companies having a wellness committee (55%) and/or a person responsible for wellness/health promotion (43%). Health and social services (44%) and educational services (33%) companies most frequently reported offering nutrition or weight management classes, programs, or lectures compared with trade (3%) and agriculture / mining/construction (6%) companies least frequently reporting offering such programs. Lastly, larger companies more frequently reported offering nutrition or weight management classes, workshops or lectures than smaller companies. For example, almost half (49%) of companies with 500 or more employees reported offering nutrition and weight management programs, while 18% of companies with 50-99 employees reported offering these services.

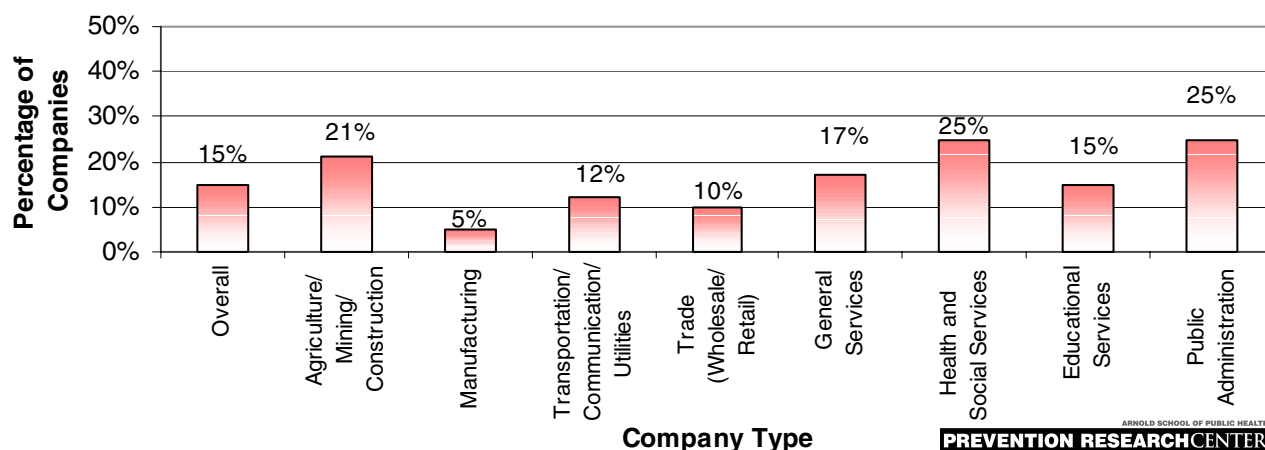


Physical Activity

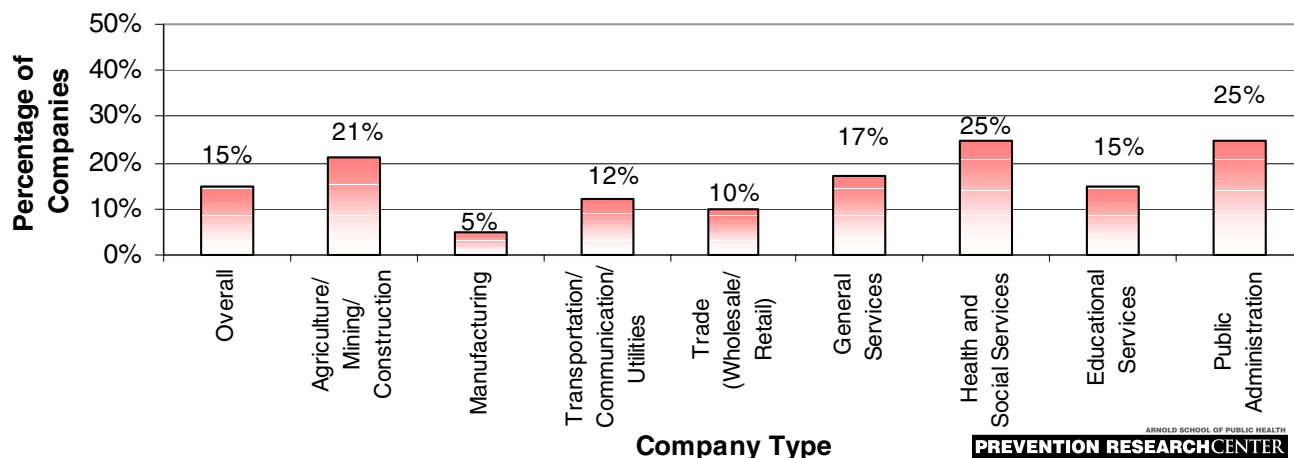
The survey included six questions regarding physical activity. These questions addressed physical activity policies, available physical activity resources, incentives to promote physical activity, and use of stairs in the work place.

Only eight percent of the companies reported that their companies have a written policy that allows employees to include physical activity in their schedule. This number increased among companies with a wellness committee (15%) or a person responsible for wellness/health promotion (12%). However, company size did not seem to influence the frequency, which ranged between eight to ten percent by company size. Throughout most of the state, between six and seven percent of companies reported having such a policy. However, in region 2 (Palmetto Health District and Edisto Savannah Health District), 12% of companies reported having this type of policy. The frequency also varied considerably by company type, with 15% of agriculture/ mining/construction companies, and 15% of transportation / communication / utilities companies, 14% of health and social services companies, and 13% of public administration companies reporting having a written policy that allows employees to include physical activity in their schedule. However, only four percent of manufacturing companies and five percent of educational services companies reported having such a policy.

Companies Allowing Employees to Use Paid Time for Physical Activity



Companies Allowing Employees to Use Paid Time for Physical Activity



tional services companies reported having this same type of policy.

Overall, 15% of the companies reported allowing employees to use paid work time and/or flex time for physical activity. This frequency increased to 23% among companies that have a wellness committee and 22% for companies with a person responsible for wellness/health promotion. Company size and location did not seem to be associated with this type of policy. However, there was some variation by company type. For example, 25% of health and social service companies and public administration companies and 21% of agriculture/mining/construction companies reported allowing employees to use paid work time or flex time for physical activity, while 5% of manufacturing companies reported the same practices.

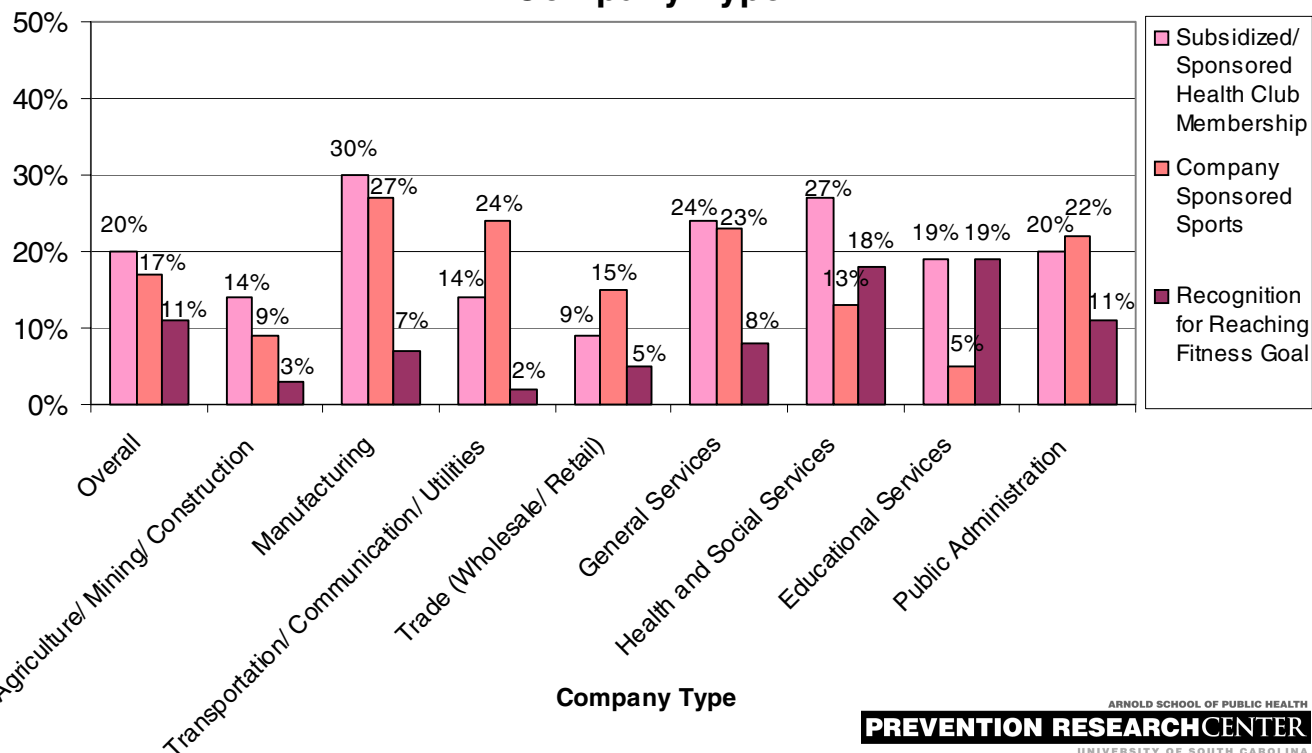
Overall, changing area/locker rooms (36%) and showers (31%) were the most common reported fitness related facilities available at the worksite for employees. Health and social services (24%), and educational services (55%) had higher frequencies of companies reporting having a gym available at the worksite for employees than the overall frequency (22%). Agriculture/mining/construction (0%), manufacturing (5%), and trade (6%) had the lowest frequencies of companies reporting having a gym available at the worksite for employees.

The facilities least frequently reported as being available to employees were bicycle storage (9%) and courts (e.g. tennis or racquetball) (12%). Educational service companies comprised 50% of the companies that offered bicycle storage and comprised 63% of the companies that had courts available on site for the employees. Additionally, fifteen percent of companies reported having a track and/or ball field available to employees. Educational service companies were 64% of those that had a track available for employees and 75% of those that had a ball field available to employees. All of these frequencies are five to ten percent greater among companies that have a wellness committee and/or a person responsible for coordinating wellness/health promotion. Very few companies made these facilities available for non-employees or community members. Only seven percent of the companies responding to the survey reported allowing non-employees to use their gym or track. Lastly, 42% of the companies responding to the survey reported having more than one floor with stairs accessible by their employees. Half of these companies also reported encouraging the use of stairs at the worksite.

Several companies responding to the survey reported offering fitness-related incentives to their employees in the past 12 months. For example, 20% reported offering subsidized or

WORKSITE WELLNESS IN SOUTH CAROLINA

Companies Offering Fitness Related Incentives by Company Type



company membership in a YMCA, health spa, or health club and 17% offered company sponsored sports. Larger companies (500 or more employees) reported offering each of these fitness related incentives more frequently than smaller companies (50-99 employees). Use of fitness incentives also varied by company type.



Tobacco Use Practices

The survey asked companies several questions about tobacco use policies and practices as well as services available

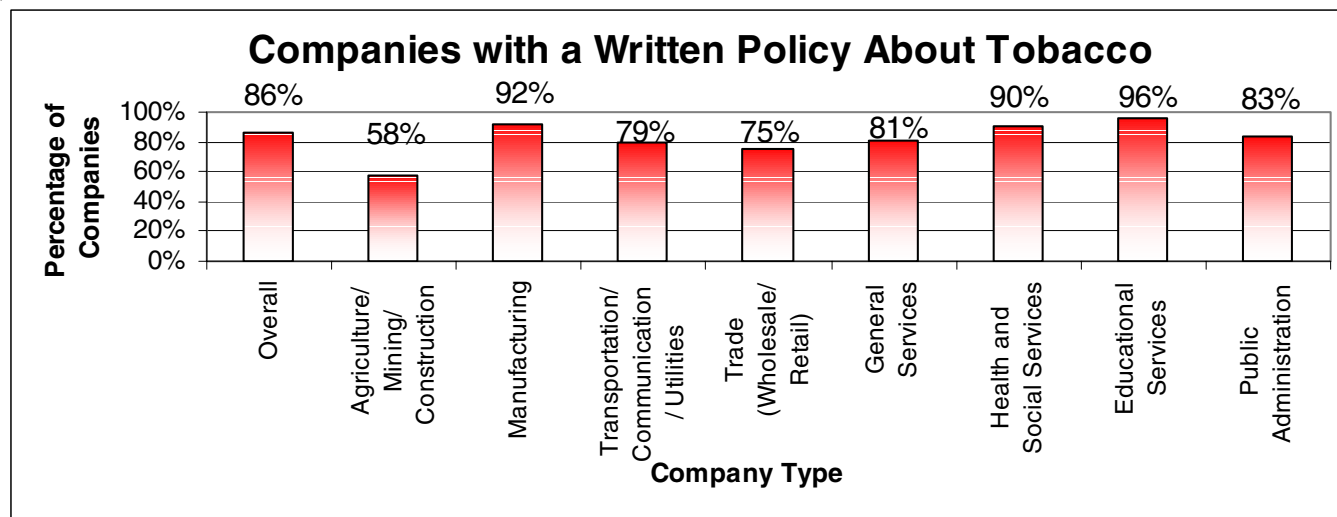
to assist employees in smoking cessation. Overall, 86% of companies responding to the survey reported having a written policy about smoking or tobacco use at the worksite; this significantly increased to 93% among compa-

nies with a wellness committee and 92% among companies with a person responsible for wellness/health promotion. Having a written policy regarding smoking or tobacco use did not appear to be affected by company location.

However, having a written policy about smoking or tobacco use at the worksite did vary by company size and company type. For example, 92% of the largest companies (500 or more employees) reported having a written policy about smoking or tobacco use, while 84% of smaller companies (50-99 employees) reported having such policies. Having a written policy about smoking or tobacco use at the worksite also varied by company type. Only 57% of agriculture/ mining/ construction companies reported having such written policy, while 96% of educational services companies and 92% of manufacturing companies reported having these policies.

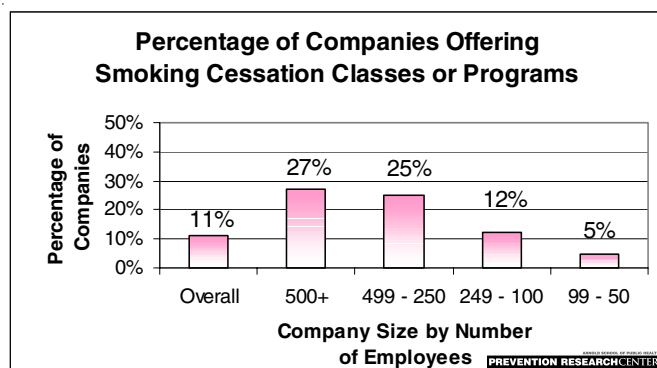
Additionally, 64% of the companies reported having a written policy about smoking or tobacco use also reported having disciplinary measures for policy violations. Most of the companies

WORKSITE WELLNESS IN SOUTH CAROLINA



responding to the survey (81%) reported that smoking or tobacco use was not allowed inside at the worksite, and 17% reported that it was not allowed anywhere on the premises, inside or outside. With only slight variation, the percentage of companies not allowing smoking or tobacco use inside remained similar regardless of company size, company type, or location.

Only 11% of the companies responding to the survey reported offering smoking cessation programs or classes during the last 12 months. This frequency did not vary by region. However, the frequency did significantly increase to 19% for companies with a wellness committee and/or a person responsible for wellness/health promotion. Additionally, larger companies more frequently reported offering smoking cessation programs or classes than smaller companies. For example, 26% of companies with 500+ employees reported offering such program compared to only 5% of companies with 99-50 employees.



Offering smoking cessation classes or programs also varied by company type. For example, health and social services (26%) and manufacturing (17%) companies reported frequencies above the overall 11%, while all of the other company types ranged between 3% (agriculture/mining/construction) and 10% (public administration).

Only five percent of companies responding to the survey reported offering incentives during the last 12 months for employees to quit smoking. This frequency was less than 10% regardless of company type or region. Fifteen percent of companies with between 250 -499 employees reported offering incentives during the last 12 months for employees to quit smoking; however, the frequency was below 5% for largest companies (500 or more employees) and smaller companies (50 - 249 employees). Lastly, five percent of the companies reported that employees could purchase tobacco products at the worksite through vending machines or other onsite vendors. Of this five percent, almost one quarter were trade organizations that would have tobacco products for sale to customers, and five percent were general service companies, which include recreational facilities such as amusement parks and movie theaters.

WORKSITE WELLNESS IN SOUTH CAROLINA



Preventive Health Screenings

The worksite wellness survey included two questions about the availability of preventive health screening at the worksite and

one question about insurance coverage for these screenings. Overall, 31% of the companies reported that they have offered health risk appraisals for the employees during the last 12 months. The frequency was significantly greater (57%) among companies with a wellness committee or among companies with a person responsible for wellness/health promotion (47%). The percentage of companies offering health risk appraisals did not vary substantially by company size or company location. Public administration (52%), educational services (47%) and health and social services (61%) were the company types that most frequently reported offering health risk appraisals. Agriculture/mining/construction (7%) and trade (6%) were the company types that least frequently reported offering health risk appraisals for their employees in the last 12 months.

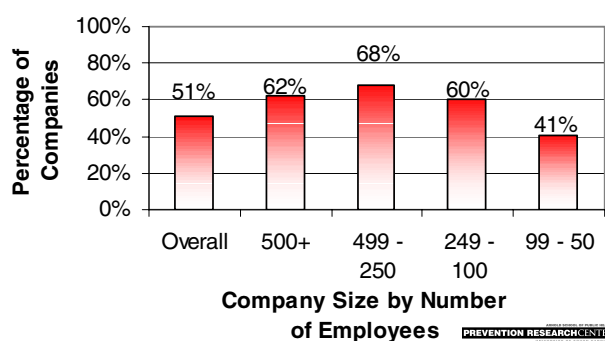
Half of the companies (51%) reported offering health screenings to the employees in the last 12 months, and this frequency was significantly greater among companies with a wellness committee (82%) or a person responsible for wellness/health promotion (74%). Generally, larger companies more frequently reported offering health screenings than smaller companies.

Also, companies classified as educational services (71%) or public administration (71%) more frequently reported offering health screenings in the last 12 months than other company types. Seventeen percent of trade companies and 23% of agriculture/ mining/construction companies reported offering health screenings in the last 12 months to their employees.

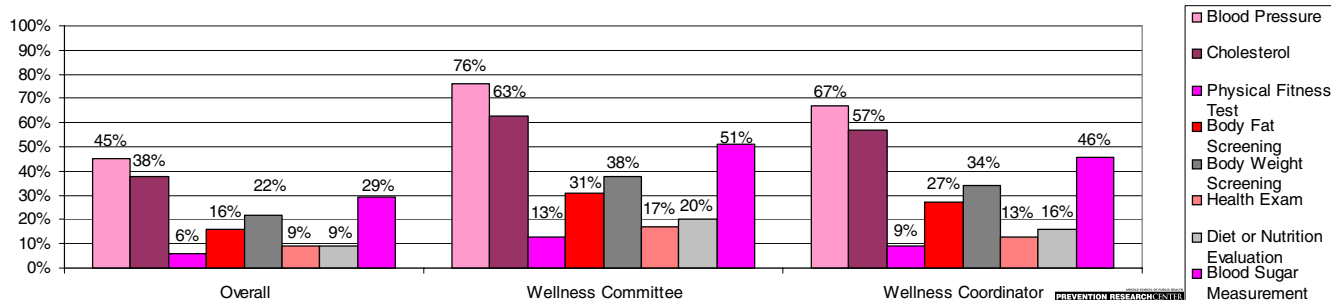
By far the most common type of health screening reported was blood pressure (45%), followed by cholesterol (38%) and diet or blood sugar (29%) followed. The least frequent screenings reported were physical fitness testing (6%), periodic health or physical exams (9%), and diet and nutrition evaluation (9%). For all of the screenings, the frequency increased for companies with a wellness coordinator and for companies with a person responsible for wellness/health promotion.

Additionally, half of the companies reported offering screenings to their employees in the last 12 months also reported that the health insurance plan provided by the company did pay for some of the screenings.

Companies Offering Health Screening By Company Size



Preventive Health Screenings



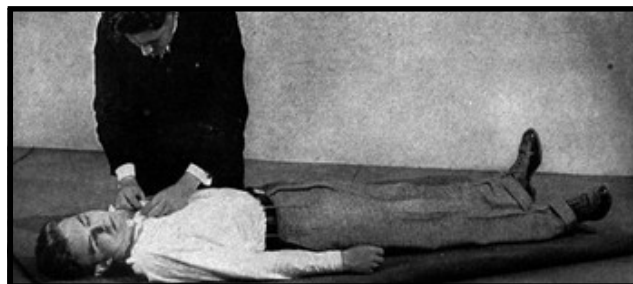
Stress Management

The survey included a question regarding the types of services available to employees to help reduce or manage stress. Fifty-three percent of the companies reported having a formal employee grievance procedure. Almost half (46%) of the companies reported having a break room or lounge for the employees. For both of these services, the frequency was higher for larger companies than smaller companies. Only 25% of the companies responding to the survey reported having management training on stress related issues. The frequency was also higher for larger companies (500 or more employees) than smaller companies (99-50 employees), 45% compared to 20% respectively. Health and social service companies (48%) and transportation / utilities/communication companies (43%) were the company types most frequently reporting management training on stress related issues.

Overall, 39% of the companies reported organizing social events open to employees. This number was significantly higher among companies with a wellness committee (49%) and among companies with a person responsible for wellness/health promotion activities (49%). The frequency did not vary by company size or location. However, it did vary slightly by company type. Transportation/communication/utilities (52%), health and social services (48%), and general services (47%) were the company types most frequently reporting organizing social event open to employees. Trade organizations (42%) were the least frequent company type to report these same types of events.

Cardiac Emergency Preparedness

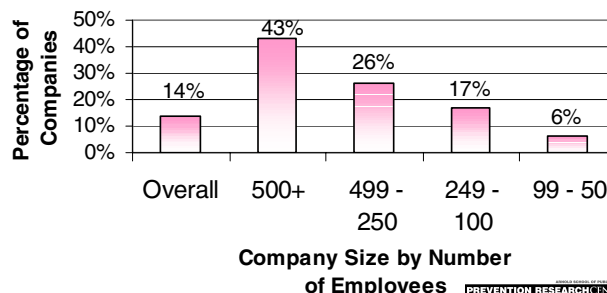
The worksite wellness survey included questions regarding placement of automatic defibrillation devices in the worksite, cardiopulmonary resuscitation training available to employees, and existence of signs providing instructions for contacting 911 and signs providing signs and symptoms of a stroke. Overall, 14% of the



companies reported having automatic electronic defibrillation (AED) devices present in the worksite. This increased to 20% and 19% respectively for companies with a worksite wellness committee and or person responsible for wellness/health promotion. Larger companies more frequently reported having AED devices than smaller companies.

Additionally, health and social services companies (23%) and manufacturing companies (22%) more frequently reported having AEDs than other company types while agriculture/ mining/construction (3%), and trade (4%) less frequently reported having AEDs than other company types. Of the companies having AED devices on site, 36% of them also reported having policies and procedures for orienting new employees about locations and use of the AED. The frequency of having policies and procedure for orienting new employees did not vary by company size or location, however over half of the 36% that had them were health and social service companies and manufacturing companies.

Companies with Automatic Defibrillation (AED) Devices



Overall 71% of the companies responding to the survey reported having cardiopulmonary resuscitation (CPR) training available to employees. For companies with a person responsible for wellness/health promotion the frequency was 80% and for companies with a wellness commit-

WORKSITE WELLNESS IN SOUTH CAROLINA

tee it was 85%. Over 70% of each company type except for trade, and general services reported having CPR training available to their employees. Additionally, 86% of larger companies (500 or more employees) reported having CPR available compared to 66% of smaller companies (50-99 employees).

Of the companies with CPR training available to their employees, 69% had it available on-site.

Health and social services (96%) and public administration (80%) most frequently reported having the training on-site, while trade (57%) and education services (47%) least frequently reported having the training available on-site. Larger companies much more frequently reported having the trainings on-site than smaller companies. Lastly, 54% of the companies that had CPR training available for employees also had new employee policies and procedures related to CPR.

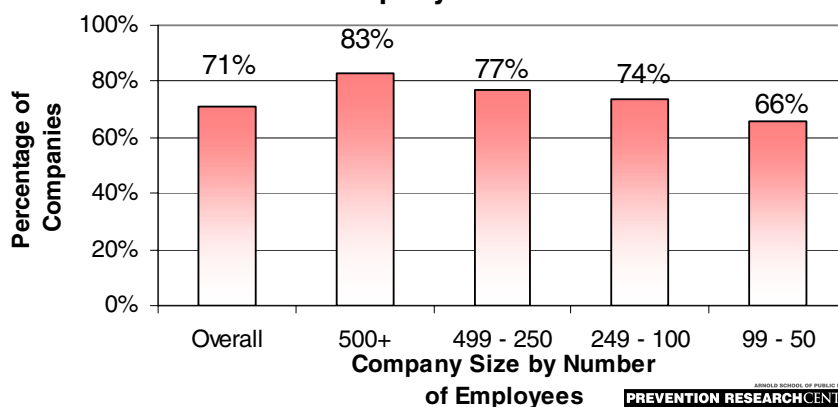
Overall 56% of the companies responding to the survey reported having signs present in the worksite that give instructions for making emergency calls (dialing 911). Sixty nine percent of larger companies (500 or more employees) reported having such signs as compared to 53% of smaller companies (50-99 employees). Over half of all company types except trade (wholesale and retail), educational services and public administration reported having signs in the worksite that give instructions for making emergency calls.



Only 17% of the companies responding to the survey reported having signs present that give the signs and symptoms of stroke. Having signs present that give signs and symptoms of stroke increased for companies with a wellness committee (26%) and for companies

with a person responsible for wellness/health promotion (23%). Twenty-five percent of compa-

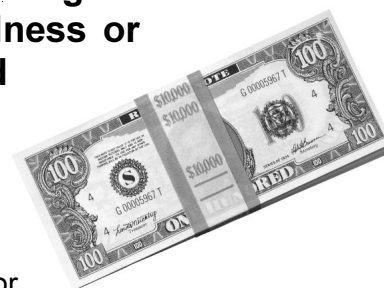
Percentage of Companies Offering Cardiopulmonary Resuscitation (CPR) By Company Size



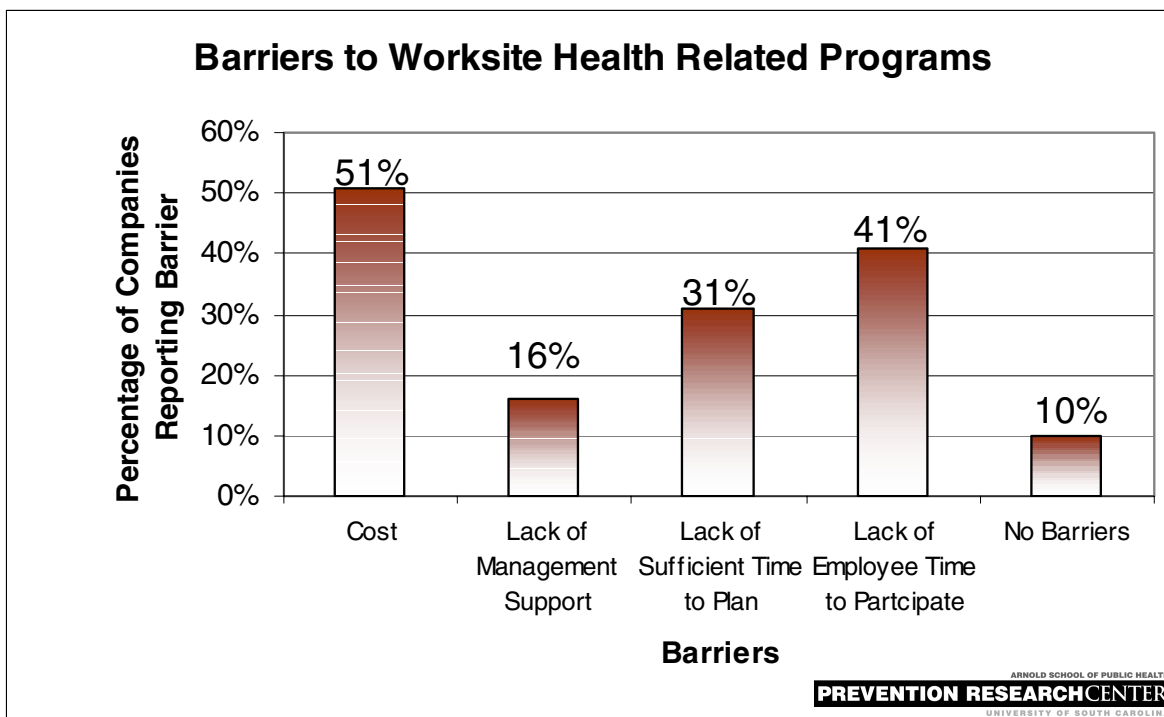
nies with 250 or more employees reported having such signs, while on 17% of companies with 100 -249 employees, and 15% of companies with 50-99 employees reported having signs that give symptoms for heart attack and stroke. Health and social service companies (33%) and transportation/communication/utilities (24%) were the company types that most frequently reported having signs that give the signs and symptoms of stroke, while public administration (9%) and trade (10%) were the company types that least frequently reported having these signs.

Barriers to Having a Worksite Wellness or Health-related Program

The most commonly reported barrier to having a worksite wellness or health-related program was cost (51%). While the frequencies varied slightly, cost was the most commonly reported barrier whether or not the company had a wellness committee, person responsible for wellness/health promotion, and regardless of company type, company size, or location. The second most frequently reported barrier overall was lack of time for employees to participate in such programs (41%).



WORKSITE WELLNESS IN SOUTH CAROLINA

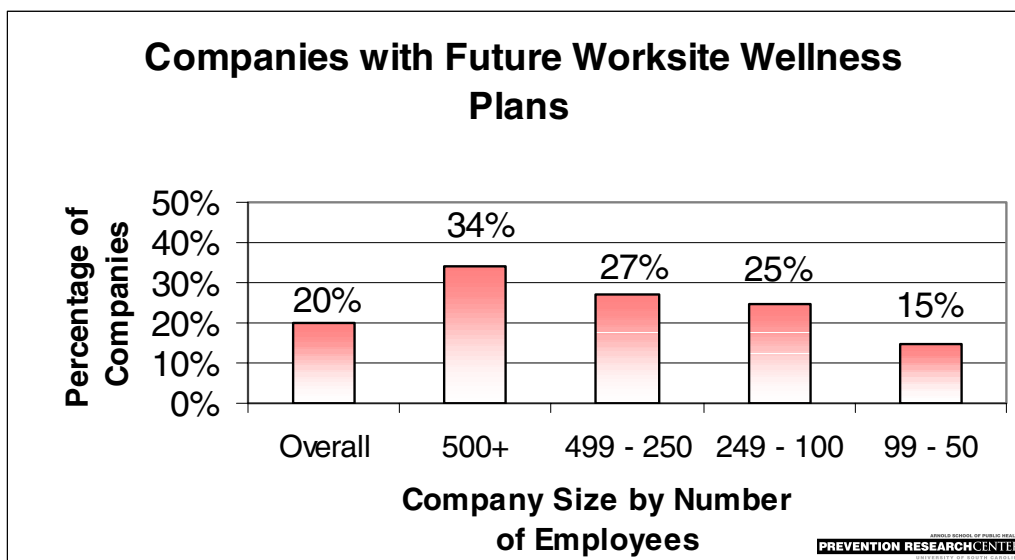


Additionally, companies responding to the survey also reported that logistics regarding space and timing were a barrier.

Lastly, 20% of the companies responding to the survey reported having plans to implement a worksite wellness program in the future. This significantly increased among companies with existing wellness committees (43%) and among companies with a person responsible for wellness/health promotion (37%). Larger companies (500 or more employees) more frequently

reported having future worksite wellness plans than smaller companies (50-99 employees).

Additionally, Public administration (28%), health and social services (26%), and educational services (24%) were the company types that most frequently reported having future plans for worksite wellness programs, while transportation/communication/utilities (11%), agriculture/mining/construction (10%), trade (10%) and were the company types that least frequently reported having future worksite wellness plans.



Conclusion

One of the most significant findings from the Worksite Wellness Survey is the impact of having a worksite wellness coordinator or a worksite wellness committee on worksite practices, services, policies, and facilities for promoting a healthy workforce. The survey results indicate that having a worksite wellness committee or a person responsible for worksite wellness significantly impacts actions such as CEO/ Director involvement, reference to employee health in the mission statement and having organization objectives for employee wellness, indicating institutionalization of worksite wellness within the company. Additionally, the companies with worksite wellness coordinators or wellness committees more frequently reported wellness activities in each of the categories (healthy eating, physical activity, tobacco use prevention, preventive health screening, stress management and cardiac emergency preparedness) addressed in the survey. Lastly, the companies with worksite wellness coordinators or wellness committees more frequently reported having plans to continue implementing their wellness programs.

Generally speaking, larger companies more frequently reported having wellness-related policies, facilities and services for their employees than smaller companies. This was most evident in looking at services such as smoking cessation classes or programs, screenings or the existence of healthy food options on-site. However, company size did not seem to be as much of a factor as company type for most categories. Educational service companies and health and social service companies were consistently one of the more frequent reporters of wellness related policies, facilities and/or activities. Incidentally, these companies comprised 40% of the companies in each of the two smaller company size categories (100-249 and 50-99 employees). Additionally, at least half of the companies reporting the existence of on-site wellness facilities such as gyms, tracks, ball fields, cafeterias, and bicycle racks were Educational service companies. There are state and federal standards and “common practices” that dictate that Educational institutions such as

schools have these facilities in place; thus, the these results may be slightly skewed.

Over half (51%) of the companies reported providing health screenings to employees. Not surprisingly, the most frequently reported types of screenings reported were blood pressure, cholesterol and blood sugar. However, the frequency of these screenings (45% to 29% respectively) was still lower than the frequency reporting providing any type of screening.

Employee training on cardiopulmonary resuscitation is quite prevalent; however the existence of educational materials (posters) reminding employees how to access emergency services (911) and how to recognize signs and symptoms of stroke was much lower. Very few companies (17%) reported having automatic electronic defibrillation (AED) devices on-site. The most variation was according to company size. Larger companies much more frequently reported having AED devices than smaller companies, 43% as compared to 6%.

Almost all companies (98%) reported offering health insurance to their employees. Company size was not a factor in providing health insurance. Within each company size category, over half of the companies reported that “employees pay less than 50% of premiums” was the statement that best described their health insurance coverage. This also remained true for each of the company types except Transportation/ Communication/and Utilities. While at first glance health insurance coverage appears comprehensive only nine percent of the companies responded that employee health insurance covers the preventive health screenings.

While there is room for improvements, it is important to note that most businesses are involved, to one degree or another, in worksite wellness. The data from this survey will help the state focus its resource and efforts in helping South Carolina businesses build stronger worksite based wellness programs.

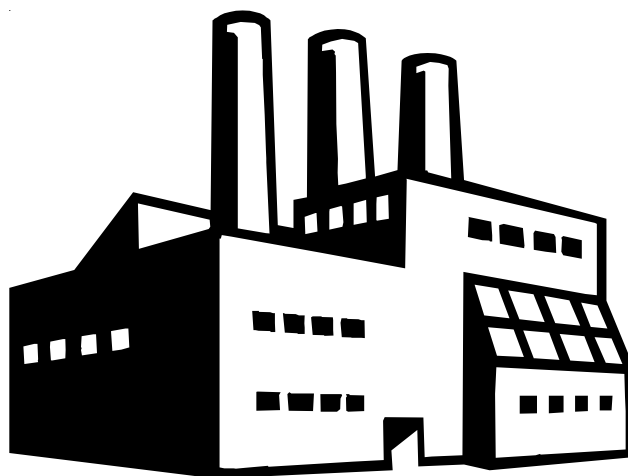
The authors of this study would like to thank South Carolina Department of Health and Environmental Control and the Cardiovascular Health program for involving us in this effort and for allowing us the opportunity to learn more about worksite wellness in South Carolina.



Limitations

One limitation of this study involves the sample drawn for sending the survey. While it is a random sample, it was not stratified by company size or company type. Additionally, there may be some response bias, with higher responses from Education Service companies and Health and Social Service companies, which comprise 37% of the overall respondent sample. Since these types of companies more frequently reported having many of the worksite wellness

activities, services, programs and facilities than other company types, the overall frequencies may be slightly higher because they comprise such a significant percentage of the overall sample. Lastly, most of the questions ask about the presence of specific worksite wellness activities, services, or programs, policies does not necessarily translate into employees use, employee benefit, and/or policy enforcement.



References

- 1999 National Survey of Worksite Health Promotion Activities. Association for Worksite Health Promotion. Northbrook, IL:1999. Retrieved from the WWW: <http://www.awhp.org>
- Blair, S., "The FitWorks Savings Story," Pacific Bell, 1996
- Foote, A., & Erfurt, J.C., "The benefits to Cost Ratio of Work-site Blood Pressure Control Programs," The Journal of the American Medical Association, 265 (10) 1991, 1283-1287
- Fries, J., et.al, "Two-Year Results of a Randomized Controlled Trial of a Health Promotion Program in a Retiree Population," American Journal of Medicine, May 1993, 455-462
- Gabel, J., et. al, "MarketWatch: Health Benefits In 2003: Premiums Reach Thirteen-Year High As Employers Adopt New Forms of Cost Sharing," Health Affairs, 22 (5), 2003.
- Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small. (2001). Partnership for Prevention. Retrieved from the WWW: http://www.prevent.org/publications/Healthy_Workforce_2010.pdf
- Institute of Management and Administration, "Exclusive IOMA Survey: Readers Identify Cost Sharing as Best Benefit Cost Control Technique," 2002.
- Pelletier, Kenneth, A Review and Analysis of the Health and Cost-Effective Outcome Studies of Comprehensive Health Promotion and Disease Prevention Programs at the Worksite: 1991-1993 Update. American Journal of Health Promotion, September/October 1993: 50-62.
- State of the Heart: CVD in South Carolina. (August 2002). Division of Cardiovascular Health, Bureau of Chronic Disease Prevention and Health Promotion, SCDHEC. Retrieved from the WWW: http://www.scdhec.net/HS/comhlth/cvh/PDF/cvd_general.pdf
- Stead, B., "Worksite Health Programs: A Significant Cost-Cutting Approach," Business Horizons, November/December, 1994 73-78
- Well Workplace Process: The Seven Benchmarks of Success. The Wellness Councils of America. Retrieved from the WWW: <http://www.welcoa.org/wellworkplace/index.php?category=2>
- Wellness Councils of America, "Corporate Leaders Laud Benefits of Wellness," Worksite Wellness Works, May 1995
- Worksite Health Promotion: Are Worksite Health Promotion Programs Cost-Effective? Joint Venture. Retrieved from the WWW: (<http://www.jointventure.org/initiatives/health/96direct/effect.html>)

Worksite Wellness Health Promotion Survey

Directions: Please answer the following questions about your worksite. Mark your answer in the appropriate circle or print your answer in the provided box. In the questions below the following definition applies:

Worksite wellness or health promotion - the combination of educational, organizational, and environmental activities and programs designed to motivate and support healthy lifestyles and safety among a company's employees and their families.

General/Organizational

1. Does your worksite have a wellness committee?
An example would be any group that meets regularly to promote or implement health oriented programs or ideas in the workplace.
☐ Yes ☐ No ☐ Don't Know
2. Does your worksite have a person responsible for providing, supervising, or coordinating health promotion or wellness program delivery?
☐ Yes ☐ No ☐ Don't Know
3. Please check any of the following that were provided to support health promotion for employees at your worksite in the last 12 months (*mark all that apply*):
 - ☐ Annual message from the CEO/Director supporting health promotion
 - ☐ Organizational objectives established for employees wellness or health
 - ☐ References to improving or maintaining employee health in your worksite mission statement
 - ☐ None of these services were provided
 - ☐ Don't Know
4. Did your worksite offer health messages to the employees through pamphlets, brochures, posters, lectures, or videos during the last 12 months?
☐ Yes ☐ No ☐ Don't Know
If yes, in which areas were messages offered?
(*mark all that apply*)
 - ☐ Nutrition and/or weight management
 - ☐ Physical fitness and/or exercise
 - ☐ Smoking prevention messages
 - ☐ Smoking cessation
 - ☐ Stress management
 - ☐ Risk factors for high blood pressure
 - ☐ Blood pressure management
 - ☐ Signs and symptoms of a heart attack or stroke
 - ☐ Cholesterol reduction
 - ☐ Any other (*please specify in the box below*)

5. Does your worksite offer health insurance coverage to the employees?

☐ Yes ☐ No ☐ Don't Know

If yes, which of the following best describes your worksite health coverage?

- ☐ Employees pay 100% of premiums
- ☐ Employees pay more than 50% of premiums
- ☐ Employees pay less than 50% of premiums
- ☐ 100% of premiums covered by company
- ☐ Other (*please specify in the box below*)

Healthy Eating

6. Not including food brought to work, is food available to employees during working hours?
☐ Yes ☐ No ☐ Don't Know
If yes, which methods are used for providing food services to employee? (*If no, please go to question 10, do not answer questions 7-9.*) (*mark all that apply*)
 - ☐ Cafeteria
 - ☐ Vending Machine
 - ☐ Coffee shop / Snack Bar
 - ☐ Any other (*please specify in the box below*)

7. Please mark the food options available at your worksite:

	Cafeteria	Vending Machine	Coffee Shop Snack Bar	Other
Skim Milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1% milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water/flavored water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100% fruit juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low fat snacks (e.g. pretzels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh Fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Does your worksite provide labels to identify the healthier food choices available at the worksite?
An example would be labels that are added to food choices by the cafeteria staff or the health director. It would NOT include information given on a product's own label, such as statements like "lite", "low fat", or "sugar free".
☐ Yes ☐ No ☐ Don't Know

9. Does your worksite have a policy to make healthy food options available to the employees?

☐ Yes ☐ No ☐ Don't Know

10. Does your work site have a place where employees can refrigerate food?

☐ Yes ☐ No ☐ Don't Know

11. During the last 12 months did your worksite offer classes, workshops or lectures on nutrition or weight management?

☐ Yes ☐ No ☐ Don't Know

Physical Activity

12. Does your worksite have a written policy that allows employees to include physical activity in their schedule?

☐ Yes ☐ No ☐ Don't Know

13. Does your worksite allow employees to use paid work time and/or flex time for physical activity?

☐ Yes ☐ No ☐ Don't Know

14. Did your worksite offer physical activity-oriented programs (e.g. yoga, walking clubs, stretching, or aerobics) to employees during the past 12 months?

☐ Yes ☐ No ☐ Don't Know

(Continue on the next page)

32109

Physical Activity (continued)

15. Please mark any or all of the following fitness facilities available at the worksite. For each facility, please also indicate if it is available for non-employees or community members.

	Facility available at worksite	If yes,	Facility available for non-employees
Showers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing area/Locker Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts (e.g. tennis or volleyball)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ball field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycle storage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other please specify in the box

16. Which of the following incentives were offered to your employees during the last 12 months? (mark all that apply)

- ☐ Subsidized or company membership in a YMCA, health spa, or health club
- ☐ Prizes, awards, or recognition for achieving an exercise or fitness goal, either individually or by teams (e.g. walking or workout contests, weight-loss goals, etc.)
- ☐ Company sponsored sports, such as softball, football, volleyball, or basketball
- ☐ Other (please specify in the box below)

☐ None of these were offered

☐ Don't Know

17. If your facility has more than one floor, does it have accessible stairs that employees could use for exercise or

☐ Yes ☐ No ☐ Don't Know ☐ Not applicable (only 1 floor)

If yes, is the use of stairs encouraged at your worksite?

☐ Yes ☐ No ☐ Don't Know

Tobacco Use Practices

18. Does your worksite have a written policy about smoking or tobacco use at the worksite?

☐ Yes ☐ No ☐ Don't Know

If yes, does your worksite have written policy about disciplinary measures (warnings, fines, etc.) for policy violations?

☐ Yes ☐ No ☐ Don't Know

19. Please mark the statement that best describes the rules about smoking at your worksite (please mark only one)

- ☐ Smoking permitted everywhere, no restrictions
- ☐ Smoking allowed everywhere except a few "no smoking" sections
- ☐ Smoking not allowed inside the building(s) except for a few designated areas
- ☐ Smoking not allowed inside, but allowed anywhere on the grounds (outside)
- ☐ Smoking not allowed inside, but allowed in designated smoking areas outside that are at entrances to the buildings
- ☐ Smoking not allowed inside, but allowed in designated smoking areas outside, away from entrances to the buildings
- ☐ Smoking not allowed anywhere on the premises, inside or outside
- ☐ Don't know about smoking rules

page 2 of 3

Tobacco Use Practices (continued)

20. Did your workplace offer any smoking cessation programs or classes during the last 12 months?

☐ Yes ☐ No ☐ Don't Know

21. During the last 12 months, has your worksite offered incentives for employee to quit smoking?

☐ Yes ☐ No ☐ Don't Know

22. Can employees purchase tobacco products at your worksite through vending machines or other onsite vendors?

☐ Yes ☐ No ☐ Don't Know

Preventive Health Screenings

23. Did your worksite provide health risk appraisals for the employees during the last 12 months?

Health risk appraisals are general assessments of health that are usually written (or computerized) questions.

☐ Yes ☐ No ☐ Don't Know

24. Did your worksite offer any health screenings to the employees during the past 12 months?

☐ Yes ☐ No ☐ Don't Know

If yes, which types of screenings were offered (please mark all that apply)

- ☐ Blood Pressure
- ☐ Cholesterol
- ☐ Physical Fitness Test
- ☐ Body Fat Screening
- ☐ Body Weight Screening
- ☐ Periodic Health or Physical Exam
- ☐ Diet or Nutrition Evaluation
- ☐ Blood Sugar Measurement
- ☐ Other (please specify in the box below)

Also, if yes, does the health insurance plan provided by the company pay for any of the above screenings?

☐ Yes ☐ No ☐ Don't Know

Stress Management

25. Please check all or any of the following policies or practices your worksite has to reduce stress at the worksite:

- ☐ An employee assistance program (EAP)
- ☐ A formal employee grievance procedure
- ☐ Management training on stress related issues (performance review, communication)
- ☐ Organized social events open to all employees
- ☐ A break room or lounge for the employees, not including the cafeteria or lunchroom
- ☐ Other (please specify in box below)
- ☐ Don't Know

Emergency Preparedness

26. Are there Automatic Electronic Defibrillation (AED) devices present in the worksite?

☐ Yes ☐ No ☐ Don't Know

If yes, please answer the following questions (A,B,&C)

A. How many AED's are onsite? _____ (number)

B. How many employees have been trained to use the AED(s)? _____ (number)

C. Are policies in place for orienting new employees regarding the location and use of AEDS(s)?

☐ Yes ☐ No ☐ Don't Know

32109

(Continue on the next page)



Emergency Preparedness (continued)

27. Is CPR (Cardio Pulmonary Resuscitation) training available to employees?

☐ Yes ☐ No ☐ Don't Know

If yes, please answer the questions below (A,B,&C):

A. Is the training offered onsite?

☐ Yes ☐ No ☐ Don't Know

B. How many employees are currently certified in CPR?

(number)

C. Are policies and procedures in place to inform new employees or staff that are trained in CPR?

☐ Yes ☐ No ☐ Don't Know

28. Are there signs in the worksite that:

A. give instructions for making emergency calls (e.g. calling 911)?

☐ Yes ☐ No ☐ Don't Know

B. give the signs and symptoms of stroke?

☐ Yes ☐ No ☐ Don't Know

Barriers

29. What barriers have prevented your worksite from providing wellness or health-related programs in the past? (please mark all that apply)

- ☐ Cost
- ☐ Lack of management support
- ☐ Lack of sufficient time to plan and prepare
- ☐ Lack of time for employees to participate
- ☐ Not applicable (have experienced no barriers)
- ☐ Unsure
- ☐ Other (please specify in box below)

Future Plans

30. Do you have plans to implement a worksite wellness program in the future?

☐ Yes ☐ No ☐ Don't Know

A. If yes, approximately how long before you plan to have the worksite wellness program started? (months)

B. If yes, what do you plan to include in the worksite wellness program? (please specify in the box below)

31. Approximately what percentage of your employees are:

Women %

Caucasian %

African American %

Other (race/ethnicity) %

Full Time (35+ hours) %

Eligible for employee-sponsored benefits %

32. How long has your worksite been in operation?

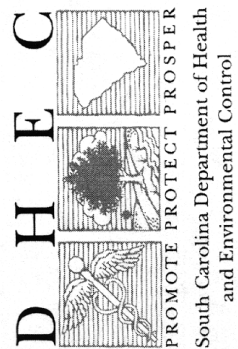
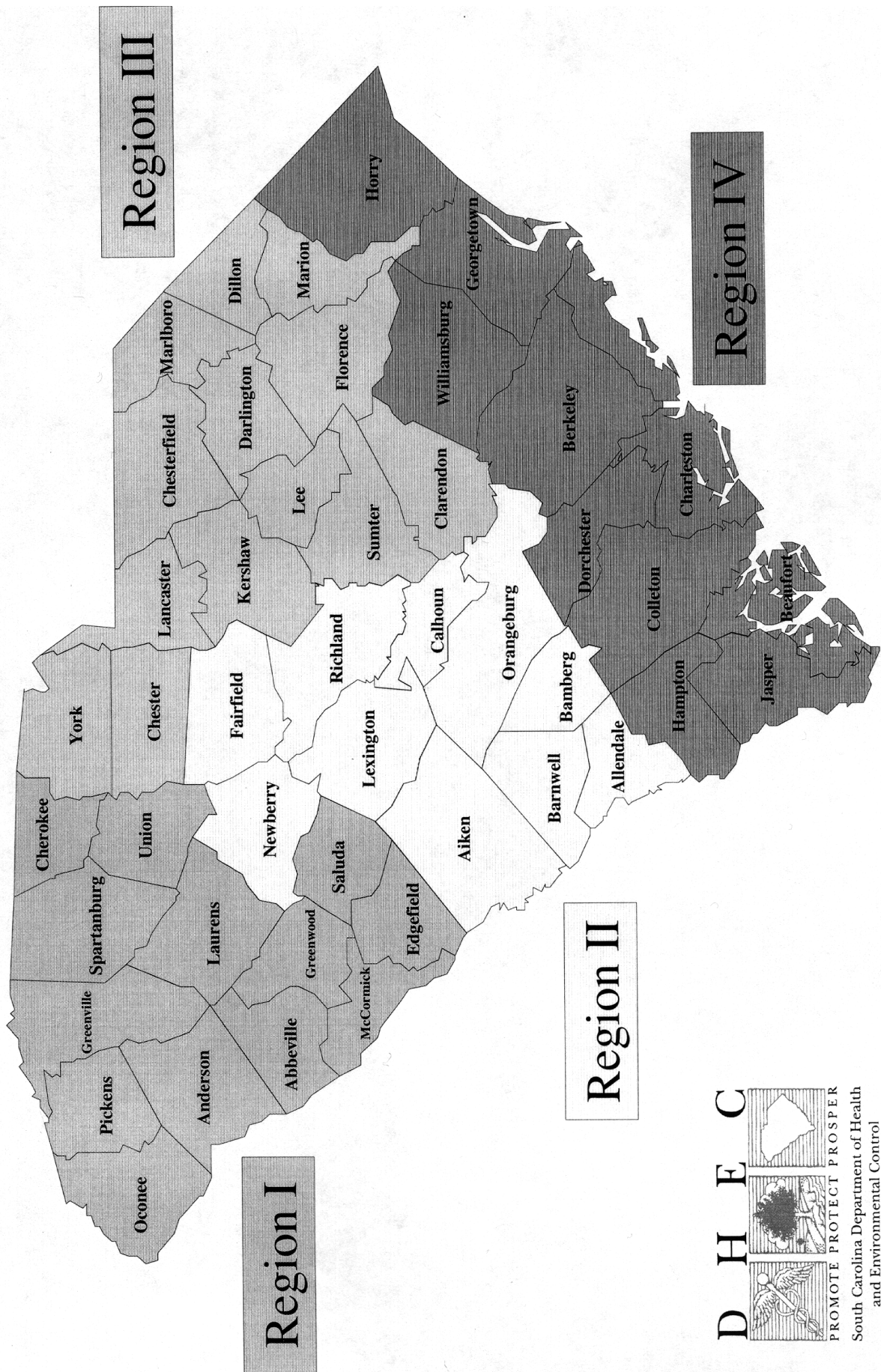
(Years)

Thank You



SC Department of Health & Environmental Control

Health Services Regional Map



Acknowledgements

This project was supported by a cooperative agreement between the University of South Carolina Arnold School of Public Health Prevention Research Center and the Division of Cardiovascular Health (CVH), Bureau of Chronic Disease Prevention and Health Promotion, South Carolina Department of Health and Environmental Control (SC DHEC), contract # CY-02-084. Funding for the Division of Cardiovascular Health is provided by the Centers for Disease Control and Prevention (CDC) and SC DHEC.

Bureau of Chronic Disease Prevention and Health Promotion,
Bureau Director James L. Coleman, Jr., Ed.D., MS, CHES

Division of Cardiovascular Health

Division Director	Meg Ellis, MSPH, CHES
Intervention/Evaluation Specialist	Ahmed Liban, MPA
Intervention/Evaluation Specialist	Chris Koutsogeorgas, M.Ed., CPM
Secondary Prevention Coordinator	Susan Jackson, MPH
Health Systems Manager	Erika Kirby, MBA, RD

University of South Carolina Arnold School of Public Health Prevention Research Center	
Deputy Director	Dennis Shepard, MAT, CHES
Research Associate	Sarah F. Griffin, PhD, MPH
Research Associate	Lillian U. Smith, MPH, CHES

Please direct requests for additional information to:

Division of Cardiovascular Health
Bureau of Chronic Disease Prevention and Health Promotion
SC DHEC
Box 101106, Mills-Jarrett Bldg.
Columbia, SC 29211

For additional data resources, visit the Cardiovascular Health Program Web site at:
<http://www.scdhec.net/cvh>

South Carolina Worksite Health Promotion and Wellness

Division of Cardiovascular Health
Bureau of Chronic Disease Prevention and Health Promotion
South Carolina Department of Health and Environmental Control